**This form should be distributed with an information sheet giving full details of the visit**

Name of pupil………………………………………………………………………………………

Date of Birth ……………………………………… **Male /Female**……………………………..

Establishment/Group: St Oswald’s Worleston CE Primary School

Visit to: Crewe Lyceum

From: Date Time To: Date Time

1. **Permission (please tick)**

 I have read the information sheet and I agree to my child’s participation in this visit and in the activities described.

 I acknowledge the need for my child to behave responsibly throughout the visit.

**2. Medical information about your child**

a) Does your child have any conditions requiring medical treatment, including medication

 **YES /NO** If yes, please give brief details:

……………………………………………………………………………………..……………………

b) Please outline any food or other allergies and special dietary requirements of your child:

……………………………………………………………………………………………..…….………

1. Has your child had any recent illness or accident staff should be aware of?

**YES / NO** If yes, please give brief details

…………………………………………………………………………………………………...………

1. What type of pain/flu relief medication may your child be given if necessary?

………………………………………………………………………………………………………

1. Name of family doctor: …………………………………………….………………….…………..

Name of Practice: …………………….……………………………..……………………..…………..

Address: ……………………………………………………………………………..…………………..

………………………………………………….…Telephone number: ………………………………

1. **For residential visits and exchanges only**

a) Has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infections?

 **YES /NO** If yes, please give brief details

……………………………………………………………………………………………..…………

b) Is your child allergic to any medication?

**YES / NO** If yes, please specify.........................................................................................

c) When did your son/daughter last have a tetanus injection?...................................................

**4. Emergency Contact Details (FOR THE DAYS OF THE TRIP)**

a) Name and relation to child:…………………………………….………………………………….

Mobile Number: ……………………..…………......... Home Phone: ……………………………..

Home address: ……………………………………………………………………………………....

Email address: ……………………………………………………………………………………… .

b) Name and relation to child: …………………………..…………………………..……….……….

Mobile Number: ..……………………………….…… Home Phone: ....……………………………

Home address: ………………………………..………………………..……………………………...

Email address: …………………………………………………………………….……………………

As part of the activities your son/daughter are involved in, photographs or video footage may be taken to be used on the schools social media / printed publications or as promotional material including the local press.

Can we use the young person’s photograph in this way? **YES / NO**

**Declaration**

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Signed…………………………………………………………………………………………………..

Full name (please print clearly)………….…………………………………………………………..

Relation to child …………………………….…………………………………………………………

**THIS FORM OR A COPY WILL BE TAKEN BY THE GROUP LEADER ON THE VISIT. A COPY SHOULD BE RETAINED BY THE ESTABLISHMENT CONTACT**

**Updated 23/05/2019**